PTO/S8/06 (08-03)
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CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
	500	T			R EXTRA	RATE	FEE		RATE	FEE
ASIC FEE						\$	OR		5	
(37 CFR 1.16(a)) TOTAL CLAIMS					x s =		OR ·	x \$ =		
37 CFR 1.16(c)) enhus 20 =				× s=						
7 CFR 1.16(b)) minus 3 = *				X \$		OR	X S=			
FL.	NPLE DEPENDE	NT CLAIM PRESEN	iT (3	7 CFR 1.16(d))	+ 5=		OR	+5=		
t	ne difference in c	column 1 is less tha	in zero, en	ter "0" in column 2	TOTAL		OR	TOTAL		
	CI	LAIMS AS AMI	ENDED	- PART II						
		(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	OR I	OTHER SMALL	
-	$\overline{\mathcal{D}}$	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	. 22	Minus	-174	* D	x \$=		OR	x s=	
	Independent (37 CFR 1.16(b))	. //)	Minus	/	-6	X \$=		OR	x \$=	
	FIRST PRESENT	ATION OF MULTIPLE	ENT CLAM G7 CF	+\$ =		OR	+5 =			
لـ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL		OR	TOTAL ADD'L FEE	
						ADD'L FEE		1 01	ADD C PEC (
_		(Column 1) CLAIMS	1	(Column 2)	(Cotumn 3))		
AMENDMENT	E	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDA TIONA FEE
1	Total (37 OFR 1.16(cl)	•	Minus	••	τ	x \$=		OR	x s=	
,	Independent (37 CFR 1.16(b))	•	Minus	•••	E	x s=		OR	x \$=	
-		TATION OF MULTIPL	POT CLANA DZ CS			OR	+s =			
	PESTFRESER	TATION OF MOCIAL	10000			TOTAL		1 :	TOTAL	•
						ADD'L FEE	<u> </u>	OR	ADD'L FEE	<u> </u>
		(Column 1)		(Column 2)	(Column 3)		,	, i		
		CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TION/ FEE
	F	AFTER AMENDMENT	l	I KWO FOR				1 -	1	l
ч	Total (37 OFR 1.16(d)	AFTER	Minus	es es	-	X.\$=		OR	X \$=	
ш	(37 CFR 1.16(cl)	AFTER AMENDMENT	Minus Minus		=	X.\$= X.\$=		OR OR	x s=	
AMEROMEN	(37 CFR 1.16(cl) Independent (37 CFR 1.16(cl)	AFTER AMENDMENT	Minus	•••	E			1		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissions for Patients & O. Box 4450, Alexandria, VA 22313-1450. 2.

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									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997												08998	033		
CLAIMS AS FILED - PART I (Calumn 1) (Column 2)										ENTITY	OR	OTHER SMALL			
FOR			NUMBE	R FILED		NUMBER EXTRA			Έ	FEE		RATE	FEE		
BASI	C FEE									395.00	OR		790.00		
TOTA	L CLAIMS		17	4 minus	20 =	154	-	x\$1	l =		OR	x\$22=	3386°		
INDE	PENDENT CLA	IMS	15	minus 3 = 12				x41	=		OR	x82=	984°		
MULTIPLE DEPENDENT CLAIM PRESENT								+13	 5=		OR	+270=			
e if the difference in column 1 is less than zero, enter "0" in column 2								тот	AL		OR	TOTAL	5162∞		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ALL	. ENTITY	OR		R THAN ENTITY		
AMENDMENT A		REMA AF AMEN	NMS NNING TER DMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	<u>. 9</u>	3	Minus	1.	74	=	x\$11	=		OR	x\$22≟	\		
	Independent	· 6		Minus	··· 15		=	x41	=		OR	x82=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5 =		OR	+270=	7		
b	QCE (Column 1) (Column 2) (Column 3)								TAL		OR ,	TOTAL ADDIT. FEE			
NDMENT B		REM/	AIMS AINING TER DMENT		NU! PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DM	Total .	9	0	Minus	9	14	=	x\$1	I =		OR	x\$22=	1		
	Independent	•	5	Minus		5	=	x41	=		OR	300			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=		OR	342			
		(Colu	JMN 1)		(Co	lumn 2)	(Column 3)	ADDIT.	TAL		OR	TOTAL ADDIT. FEE	S		
AMENDMENT C		REM/	AIMS AINING TER DMENT		NU! PREV	HEST MBER VIOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 0	10	Minus	**	174	=	x\$1	1=		OR	x\$22=	• (
	Independent	•	3	Minus	•••	15	=	x41	=		OR	x82=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=		OR	+270=			
"If the entry in column 1 is less than the entry in column.2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE															